



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL

City of Hospital: Elwood

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5342135
Outpatient Patient Service Revenue	\$68682755
Total Gross Patient Service Revenue	\$74024890

2. Deductions From Revenue

Contractual Allowance	\$46801510
Other Deductions	\$1131385
Total Deductions	\$47932895

3. Total Operating Revenue

Net Patient Service Revenue	\$25082627
Other Operating Revenue	\$129185
Total Operating Revenue	\$25211812

4. Operating Expenses

Salaries and Wages	\$4777392	Employee Benefits	\$1380512
Depreciation and Amortization	\$1049145	Interest Expense	\$0
Bad Debt	\$1009369	Other Expenses	\$15653456
Total Operating Expenses	\$23869874		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2351306	Total Assets	\$18336085
		Total Liabilities	\$17425559

Net Non-operating Gains over Loss	\$49556
Total Net Gains	\$2400862

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37629687	\$24541448	\$13088239
Medicaid	\$15344735	\$13197029	\$2147706
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21050468	\$10194418	\$10856050
Total	\$74024890	\$47932895	\$26091995

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3334	\$-3334

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$38864	\$-38864

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	732

Statement Six: Charity Statement

Hospital Charity Charges	\$4472723
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1298259	
HCI Payments	\$0		
Subtotal	\$0	\$1298259	\$-1298259
Medicaid Shortfalls	\$1936376	\$5707451	
Subtotal	\$1936376	\$7005710	\$-5069334
DSH Payments	\$0		
Subtotal	\$1936376	\$7005710	\$-5069334
Medicare Shortfalls	\$11031675	\$10922451	
Other Government Programs	\$0	\$0	
Total	\$12968051	\$17928161	\$-4960110

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$28817	\$-28817
Community Assessment	\$0	\$11028	\$-11028
Provision of Taxes	\$0	\$1253465	\$-1253465
Other Allocations	\$0	\$0	\$0

Comments

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